

❖❖ Folk & Traditional Arts Program ❖❖ Final Report

Idaho Commission on the Arts

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (day) _____ (eve) _____
☐ Check if this is a new address. E-mail: _____
Social Security Number (required for payment) _____

*All Traditional Arts Apprenticeships (TRAap❖) award recipients are required to submit a brief final evaluation report within **30 days** following the close of the Commission's Fiscal Year ending **June 30**.*

- **FOR TRAap❖ MASTERS or IDAHO HERITAGE recipients:**

Describe the value and impact of the **Traditional Arts Apprenticeship** award on your practice or on your effort to pass on the artforms or traditions of your community.

- **FOR TRAap❖ APPRENTICES:**

Describe the importance of the skills or knowledge you gained from the apprenticeship. Has it motivated you to continue the practice of the artform and to pass it on to others?

- **ALL:** Tell us the ways you were able to share your artform with the public.

Signatures: _____ Date: ____/____/____

Mail this form to the **Idaho Commission on the Arts, P.O. Box 83720, Boise, ID 83720-0008.**

Important: Failure to submit this report will affect your receiving a grant or award in the future.

Approved: Program Director _____	Date: ____/____/____
Agency Approval _____	Date: ____/____/____